a distal tip which has an opening in fluid communication with the first lumen in the elongated shaft and which is oriented at an angle with respect to a longitudinal axis of the shaft;

b. a guide member which has proximal and distal shaft sections, which is disposed within the first lumen of the tubular support member, which is configured for longitudinal movement through the first lumen and out the distal discharge opening and which has a distal extremity configured for entry into a coronary sinus ostium; and

c. a stabilizing member for the tubular support member for maintaining the alignment of the tubular support member within the right atrium.

4. (Once Amended) The accessing system of claim 3 wherein the stabilizer member has a distal section which is configured to be seated within an apex of a right ventricle.

14. (Once Amended) A tubular support member configured for intravascular advancement through a patient's vasculature to a right atrium thereof, including

a. an elongated shaft which has proximal and distal shaft sections, a longitudinal axis and at least first and second lumens extending through the proximal and distal shaft sections;

b. a distal tip on the distal shaft section which has a first opening in fluid communication with the first lumen in the elongated shaft and which is oriented at an angle with respect to the longitudinal axis of the shaft; and

c. a second opening in the distal shaft section which is in fluid communication with the second lumen in the elongated shaft.

15. (Once Amended) The member of claim 14 wherein the distal tip of the tubular support member is oriented at an angle of about 20E to about 70E with respect to a longitudinal axis of the shaft.

16. (Once Amended) The member of claim 14 wherein the distal tip of the tubular support member is oriented at an angle of about 30E to about 60E.

17. (Once Amended) A method for accessing a coronary sinus comprising:

a. providing an accessing system having components as set forth in claim 1;

b. percutaneously introducing the components of the system into a venous system and advancing the system components within the venous system until the distal extremity of the tubular support member is disposed and stabilized within the right atrium; and

c. extending the guide member out of the opening in the distal tip of the tubular support member until the distal end of the guide member enters the coronary sinus ostium.

18. (Once Amended) A method of treating a heart, comprising:

a. providing a coronary accessing system having components set forth in claim 1;

b. introducing the components of the coronary accessing system into a venous system and advancing the system components within the venous system until the distal extremity of the tubular support member is disposed and stabilized within the right atrium;

c. extending the guide member out of the opening in the distal tip of the tubular support member until the distal end of the guide member enters the coronary sinus ostium; and

d. advancing an elongated intravascular device through or over the guide member, into a coronary sinus.

19. (Once Amended) A coronary sinus accessing system, comprising:

a. a tubular support means configured for intravascular advancement to a right atrium including

an elongated shaft which has proximal and distal shaft sections, a longitudinal axis and a first lumen extending within the proximal and distal shaft sections;